



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive  
Waterbury, VT 05671-2060  
<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

August 1, 2016

Mr. Francis Cheney, III, Manager  
Maple Lane Retirement Home  
33 Maple Lane  
Barton, VT 05822-9494

Dear Mr. Cheney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 1, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/01/2016	
NAME OF PROVIDER OR SUPPLIER  MAPLE LANE RETIREMENT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE  33 MAPLE LANE BARTON, VT 05822		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 6/1/16. The following regulatory deficiencies were identified.	R100		
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.7 Assessment  5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that an initial assessment was completed within 14 days of admission for one of three residents sampled (Resident #1). Findings include:  Per record review, Resident #1 was admitted from the nursing home to the level 3 home on 4/22/16. The Resident Assessment form had been started, however not completed past the first page, and the Registered Nurse had not completed or signed the form within the required time period. Per interview on 6/1/16 at 10:30 AM, the Registered Nurse confirmed that the assessment was not completed and was several weeks late.	R134	Please See plan of Correction	

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6589

ZM4M11

TITLE

(X6) DATE

6/20/16

If continuation sheet 1 of 3

R134 - R2466 POCs accepted 7/29/16 JHosmer/RN/PML

Division of Licensing and Protection

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R145 SS=D	<p>Continued From page 1</p> <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the home failed to ensure that a plan of care was developed for one of three sampled residents (Resident #1). Findings include:</p> <p>Per record review, Resident #1 was admitted from the nursing home to the level 3 home on 4/22/16. Per review of the plan of care in the resident's chart, it was the one developed for that resident at the nursing home, and had not been revised or updated for the admission to level 3 care. Per interview on 6/1/16 at 10:30 AM, the Registered Nurse confirmed that the care plan was not completed for the new level of care, and did not reflect the current needs of the resident.</p>	R145 R145	Please See plan of Correction	
R266 SS=D	<p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p>	R266	Please see plan of Correction	

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R266	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interview, the home failed to provide a safe, sanitary, and homelike environment. Findings include:</p> <p>1. Per observation on touring the home, there was a towel wrapped around the base of the toilet in the upstairs shared resident bathroom. The white towel was stained with brown dried liquid marks, rust stains, and had a musty odor. Also at the time of the tour, in the kitchen area, there was a sink in a less used area of the kitchen that had a darkened white dirty rag stuffed into the drain, and the sink was dirty with debris and also smelled musty/moldy. Per interview on 6/1/16 at 11:20 AM, the Administrator of the home was shown these two areas of concern, and confirmed that the towels/rags were very dirty, and the areas were in need of cleaning.</p> <p>2. Per observation during the morning of survey, a closet located off the kitchen area and accessible to residents contained many toxic cleaning products, and was left opened and unlocked until brought to the attention of staff. The Administrator also confirmed this finding at 11:20 AM during our interview and tour.</p>	R266		

**Maple Lane Retirement Home**  
**Plan of Correction**  
**Survey 6/1/16**

**R134 Assessment**

- 1) Resident #1 initial assessment has been completed by Claire Bishop, RN Coordinator.
- 2) Our RN Coordinator will review the assessments of all other residents of the facility to ensure that each resident's last assessment is complete and up to date.
- 3) We will create a formal resident assessment tracking format and checklist to allow for better overview and more timely completion of resident assessments.
- 4) The effectiveness of our effective action will be monitored by our Manager Claire Bishop, RN Coordinator will be responsible for the correction of this deficient practice.

Completion Date: 6/10/16

**R145 Plan of Care**

- 1) Resident #1 initial care plan has been completed by Claire Bishop, RN Coordinator.
- 2) Our RN Coordinator will review the care plans of all other residents of the facility to ensure that each resident's last care plan is complete and up to date.
- 3) We will create a formal resident care plan tracking format and checklist to allow for better overview and more timely completion of resident care plans.
- 4) The effectiveness of our effective action will be monitored by our Manager Claire Bishop, RN Coordinator will be responsible for the correction of this deficient practice.

Completion Date: 6/10/16

**R266 Environment**

The second floor bathroom toilet was fixed reset on a new ring and towel was removed. Bathroom was also thoroughly cleaned. An extensive cleaning of the "spare" kitchen storage area was completed housekeeping closet door was relocked.

We will add the "spare" kitchen area to our weekly cleaning schedule. All level 3 staff will be counseled on the importance of keeping hazardous chemicals under lock and key at all times.

Claire Bishop, RN will monitor the effectiveness of our corrective action on a daily basis for 1 month as is responsible for the correction of this deficient practice.

Correction Date: 6/10/16

*Fiona Sherry Adams*  
6/20/16